2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90230 036 ***150.00

DOCUMENT # P01000019610

1. Entity Name
QUEST U.S.A., INC.

Principal Place of Business	Mailing Address
200 177 DRIVE SUITE 103 SUNNY ISLES FL 33160	200 177 DRIVE SUITE 103 SUNNY ISLES FL 33160

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
18935 West Dixie Hwy	18935 West Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Aventura, Florida	City & State: Aventura, Florida
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. FEI Number 65-1079363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERTTE, FERNANDO O
200 177 DRIVE SUITE 103
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name: Adriana Gitaachi
Street Address (P.O. Box Number is Not Acceptable): 18935 West Dixie Hwy.
City: Aventura FL Zip Code: 33181

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ☒ Delete BERTTE, FERNANDO O 200 177 DRIVE SUITE 103 SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Change ☒ Addition Adriana Gitaachi 18934 West Dixie Hwy Aventura, Fl. 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete BERTTE, FERNANDO O 200 177 DRIVE SUITE 103 SUNNY ISLES FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ☐ Change ☒ Addition Laura Yaaran 18935 West Dixie Hwy Aventura Fl. 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 1/13/03 (305) 935-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)